POSITION	INITIALS	ID NO.	DATE
	M. G		11/7/00
FEE DETERMINATION			
O.I.P.E. CLASSIFIER		43	11/8/00
FORMALITY REVIEW	BZ	897	11-28-00
RESPONSE FORMALITY REVIEW	M.H.	625	04-10-01

INDEX OF CLAIMS

✔	.... Rejected	N	.... Non-elected
=	.... Allowed	I	.... Interference
—	(Through numeral)... Canceled	A	.... Appeal
÷	.... Restricted	O	.... Objected

Claim		Date									Claim		Date									Claim		Date								
Final	Original										Final	Original										Final	Original									
1	1										51	51											101									
2	2										52												102									
3	3										53												103									
4	4										54												104									
5	5										55												105									
6	6										56												106									
	7										57												107									
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42	48										98												148									
43	49										99												149									
44	50										100												150									

**If more than 150 claims or 10 actions
staple additional sheet here**

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